



Confirmation of Bank Account Holder Details

DECLARATION TO BE FILLED IN BY FINANCIAL INSTITUTION

Attention: Ask your financial institution to fill in this bank declaration and to e-mail it back to: payout@aginsurance.be.
TIP: You need to get this document filled in only if you request payment of your supplementary pension by e-mail or post. If you request payment using My Global Benefits, you should not ask for this document to be filled in.

AG reference:

With this form, I hereby confirm that

Surname: First Name:

Born on: ____ / ____ / ____

is the account holder of the following bank account which has been opened with our financial institution:

IBAN: BIC:

Name of financial institution:

Complete address of the financial institution:
.....
.....

This attestation was made by [surname and first name of the undersigned]:
.....

Position:

Signed in, on ____ / ____ / ____

Signature and stamp:

As a data controller, AG processes the personal data obtained in this form with a view to managing the supplementary benefits taken out by the employer or sector on behalf of its staff members (supplementary pension and/or occupational health insurance) and entrusted to AG for management purposes, complying with statutory and regulatory obligations such as tax obligations and prevention of money-laundering, and detecting and preventing misuse and fraud. More information about the processing of personal data can be found in our Privacy Notice on www.aginsurance.be.



CODE: